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Application Number 10-002099 Applicant(s) Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) 479,09 * May be used for additional claims or amendments 4-6-04 AFTER ROLL AFTER COOK CLAIMS AS FILED **AMENDMENT** AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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